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ORIGINAL DEPARTMENT.

Communications.

BLEEDING IN PUERPERAL CONVULSIONS.

BY JAMES RUBEY, M. D.,
Of Union City, Indiana.

I have been much interested in reading the many cases of puerperal convulsions reported in your excellent papers, the *MEDICAL AND SURGICAL REPORTER* and the *COMPENDIUM*, and the various modes of treatment. I have been practising medicine a little over forty years, and the first twenty years of that time I used all means that were recommended in our books, used them as they were recommended, and sometimes without very satisfactory results. Thinking it might be interesting to some, and perhaps an advantage to the young practitioner, I have concluded to report a few cases, and the result of the treatment I gave. For the last twenty years I have mostly depended on copious blood-letting with entire satisfaction.

I see a case reported by Dr. MARTINDALE in the *REPORTER* of February 6th, 1869, which I think is tending in the right direction; the treatment recommended by Professor REAMY, of Zanesville, I think is excellent.

Mrs. Hage, aged 19 years, medium height, stout and heavy built, had always enjoyed good health, except some headache for the last few months; something over eight months advanced with first pregnancy.

November 25th, 1853, I was called to see her. When I arrived she was struggling in a convulsion, which was the fifth that she had had in two hours. They recurred about every twenty-five or thirty minutes; pulse frequent and very strong; the action of the heart and carotid was marked; tongue protruded and badly bitten. Breathing stertorous, the lips covered with bloody froth; no uterine contractions. I opened a vein in her arm, letting the blood flow until there was a decided impression, and until the

pulse faltered two or three times, and the skin was covered with perspiration; she was approaching and near syncope. As soon as she would bear it I had her head elevated, cold applications applied and stimulating poultices to the extremities. She could not swallow. I saw her twelve hours after; she had no return of the convulsions, but was still unconscious; twelve hours after, no convulsions; found her conscious; reaction had become pretty well established, and I repeated the bleeding, which I now think was unnecessary. I then gave her laxatives, and she got up in a few days.

I advised Mr. H. to notify me at the first approach of labor, which he did; as soon as I arrived I bled her freely; she passed through her labor without an unpleasant symptom.

I attended the same lady in three confinements afterwards. She would commence complaining of her head at the end of the seventh and eighth months. Then, and at the first approach of labor I bled her, and she always passed through safe, nor had she a return of the convulsions.

Mrs. B., aged 21; Dr. L. in attendance; she gave birth to her first child 9 o'clock, A. M.; at 10 A. M., was attacked with convulsions; I was called in at 5 P. M.; she had had nine convulsions in that time; the Doctor had cold applications to her head, and was holding a stick between her teeth to prevent her biting her tongue; she was unconscious and stertorous; could not swallow; her mouth covered with bloody froth; she was rather a delicate woman; I opened a vein in her arm and let the blood run until I could barely feel the pulse, and the body was covered with perspiration; continued the cold applications to the head and not to the extremities. She had no return of the convulsions; became conscious in twenty-four hours from the time I first saw her. She got up soon, and has enjoyed good health since.

Mrs. O., aged 20 years; robust make; had always enjoyed good health; seven months advanced with first pregnancy. On the morning of the 6th of November 1868, complained of head ache; and about 9 o'clock, A. M., was

attacked with convulsions; Dr. H., was called in immediately; convulsions came on every twenty-five or thirty minutes. I was called in and she was struggling in the fourth convulsion; at the time I arrived, the Doctor had cold applications to the head and hot sinapisms to the extremities; she was unconscious, and could not swallow. Her pulse was one hundred and twenty, very full and strong; the action of the heart so violent that it shook the bed on which she lay. The lips were covered with bloody froth. I bled her, and we used a common sized wash basin to catch the blood. We let it run until the pan was full. I kept my finger on the pulse, and not being satisfied, I removed the pan and let the blood run in another vessel. I think we bled her near three quarts. It ran until the pulse was barely perceptible. As soon as reaction came up a little, we elevated her head and continued the cold applications and sinapisms to the extremities. As soon as she could swallow we gave ten grains bromide of potassium every two hours. She became conscious in twelve hours, and had no return of the convulsions. She got up in a few days feeling quite well, except somewhat weakened from the loss of blood. About two weeks after she was taken in labor, and miscarried. The child had the appearance of having been dead for some time, probably from the time she had the convulsion.

I could name a number of other cases where I bled to the same extent with the same results. I have not had a case of eclampsia in the last twenty years, where there was a recurrence of the convulsions after blood-letting, and have not repeated the bleeding in any case except the first named. I take up my lancet with as much confidence when I am called to a case of puerperal convulsions as I do my quinine bottle in intermittent fever, and would here say to the young practitioner, when you are called to a case of eclampsia, bleed freely, and you will have no cause to regret it. Altogether, you may have opposition at the time, as bleeding has become somewhat unpopular in many places. The friends may object, and tell you that you will bleed the patient to death, as they have told me at different times, but recollect they look to you to give relief, and you have the responsibility of the case resting upon you; so I advise you not to be deterred from your duty. I would here say, watch the pulse closely, and do not stop the blood as soon as the pulse begins to sink, but let it run until the patient is very closely bordering on syncope, until you have reduced the action of the heart and carotid arteries, and I think you

will not find it necessary to repeat the bleeding. I think a patient will bear the loss of more blood in eclampsia than in any other disease with beneficial results.

SPOTTED FEVER.

By FREDERICK HORNER, JR., M. D.

This disease prevailed at two hospitals and the Almshouse in Washington, D. C., in 1864-'65. Each time was it epidemic and very fatal to the inmates and officers of these institutions. Surgeon LIDDELL, U. S. A., who was stationed at Stanton Hospital, reported the first cases. The prominent features of the fever at the Almshouse and at the Hospital to which I belonged, were sudden pain in the limbs, spine, and head; dark spots on the skin; fever and great cerebral excitement. The disease was said to have been brought from the camps, at the time very numerous in the vicinity of the city. At Stanton Hospital it first appeared in midsummer. The mortality was so large that for weeks the hearse were constantly in demand. There appeared to be more burials than admissions. The carpenter was unable to furnish coffins, and the stench from the bodies borne along Pennsylvania Avenue was remarked upon by the most casual observer. The fever became truly a pestilence which war brings, and was "an evil pursuing men until they perish."

With respect to the history of spotted fever, we have scriptural authority that the Almighty sometimes smites a nation with fever. In 1505, the German writers affirm that it prevailed over the greater part of Europe, followed by the plague. We can also trace it, under the name of hospital, jail, and putrid fever, during the last century, following the train of the great European armies. The Germans call it *kriegspest* and *pestis bellica*. W. D. BALDWIN, M. D., comes out boldly, and defines the affection in this country "to be a distinct disease," *sui generis*, and better entitled to this distinction than any other appellation. He adds, "No one can watch its progress and study its history, without being fully convinced that it is a most dreadful and fatal malady, coming 'like a flood of mighty waters,' and bringing along with it all the horrors of a most dreadful plague." The symptoms he describes are, "a long and severe chill, with the surface remaining cold and mottled, (the earlier the appearance of petechiæ, the more fatal their indication); rigidity of limbs, with agonizing pains in the extremities, head, and stomach;

great prostration; fits of syncope and coma. When all these symptoms are present, the case may be considered as hopeless." Thus writes an author of "spotted fever," as it existed in Alabama. I have seen a single case in Virginia since the war.

The pathology of the disease leads to the suspicion of blood poisoning. At a hospital, patients should be removed to tents erected in the yard. Active cathartics should be resorted to, aided by the supporting treatment, alcoholic stimuli, bitter wine of iron, and opiates; frictions of spirits of turpentine and cloths wrung out of hot water, and mustard applied over the trunk and limbs. To correct the fetor arising from a combination of odors due to exhalations from the body, decay, and cooking, chlorine and lime-water are best.

The following prescription was used with advantage.

R. Potass. chlorinatæ, ʒij.
Acidi muriatici, f.ʒi.
Aquæ destil., f.ʒij. M.

Two drachms of this mixture were added to a pint of water, of which a tablespoonful was given to an adult every three hours.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
Philadelphia, May 5th, 1869. }

CLINIC OF PROF. J. AITKEN MEIGS.

Reported by Dr. Napheys.

Rheumatoid Cases.

Rheumatism is a very common and a very serious disease. It is not serious in itself, for seldom does it prove fatal in its first attack, but serious through its results, laying the foundation of a great deal of trouble for the future. It becomes therefore a very interesting matter to study these results. A great many people in the community are rendered helpless, incapacitated from the performance of duties, in consequence of the effects of this disease.

Acute rheumatic fever, articular rheumatism as it is called, is very apt to attack the joints; some one of the large or small joints or many of them being affected either simultaneously or in succession; oftentimes the effusion is very great. The joint is rendered immovable for a time. The acute symptoms gradually disappear; but although the patient gets about still, in many instances, some trouble in the joint is left behind, there is a tendency to return of pain on expo-

sure to cold and dampness combined. Then again rheumatic fever is exceedingly liable to produce disease of the heart, pericarditis or endocarditis and valvular disease. Little by little the valvular affection, by its interference with the circulation of the blood, causes hypertrophy of the heart and subsequently dropsical affections—a train of symptoms very difficult to manage in their chronic form. Then again, the muscular substance of the heart itself may be affected, giving rise to a great deal of dyspnoea, sometimes to sudden and fatal collapse. Cases of sudden death in rheumatism often occur in this way. The pleural membrane is attacked less frequently than the serous membranes of the heart. Pleurisy from this cause runs the ordinary course of that contracted from cold. Inflammation of the peritoneal membrane happens much more rarely as a complication in rheumatism. There is a certain liability to inflammation of the serous investments of the brain and spinal cord, giving rise to cerebral and spinal meningitis. This inflammation may result in thickening of the fibrous tissue covering the anterior and posterior roots of the spinal nerves and consequent impairment of motion and sensation. In young children choreic symptoms are apt to follow upon rheumatism, giving much trouble and lasting a long time.

Case 1. John F., æt. 45, seaman; of strumous habit; states he has always been healthy; presents remains of recent chancre on penis, and lymphatics in left groin infiltrated. He denies, however, any syphilitic taint.

There is nothing which requires more care in making out a diagnosis in rheumatic cases than the inquiry into the history. Many times the history and not the symptoms will have to determine ultimately the diagnosis. This man has been in the hospital ten days. Three days before admission his sickness began with pain in the left hip joint, which did not swell. When admitted, the left knee-joint was swollen; pulse strong; skin hot; tongue heavily coated; sordes on the teeth; bowels constipated; urine, sp. gr. 1015, acid, deposit of phosphates and amorphous materials. He was put on the use of bromide of ammonium, fifteen grains every four hours, with milk punch and good diet.

Although he has had a chancre, the symptoms point to this case being really one of acute rheumatism, superadded to his old trouble.

The pathology of rheumatism is unsettled. There are two prominent views. The older writers CULLEN, and others, and even some of the present day, assert that the fibrous tissues

about the joint are the real seats of the trouble, that it is not essentially a blood disease, but merely a local trouble. But this view is now abandoned in great measure. Most observers regard the disease as a blood affection, although the condition of the blood is by no means determined. *Prout* suggested the idea some years ago of there being lactic acid in the blood. But this has not been demonstrated. *Dr. Richardson* the eminent physiologist of London, performed some experiments of this character. He injected lactic acid into the peritoneal sac of dogs and other animals, and discovered very soon after inflammation of the serous membranes of the heart. Effusion of serum took place in the pericardium; upon the endocardial surface coagulable lymph was poured out, the valves became encrusted, and the cases closely resembled the results of rheumatic affections. This by no means definitely settles the point; other acids may produce the same effects. All that is really known of the pathology of the disease is that the history of the cases points strongly to a morbid condition of the blood, the fibrin of which is very much increased in quantity. There is no special characteristic condition of the urine in these cases. Generally there is a large quantity of urea and urates, and this is also true of other febrile affections. The great general disturbance, the extraordinary fever, the copious sweating of an acid character, often with a very slight affection of the joints, all point to a constitutional condition, the articular and heart troubles being results or accompaniments of the disease.

Various methods of treatment have been advocated. Venesection has now gone out of vogue. It was supposed at one time to be a great remedy. The physician maltreated his patient if he did not resort to it. But experience has shown that the abstraction of blood in large quantity, generally or locally, prolongs the duration of the case. It diminishes the suffering during the attack at the expense of its duration. Since the publication of *Dr. Todd's* work on acute diseases, in which he combatted the use of the lancet, it has ceased to be employed.

Colchicum is often used, but it has very little influence over the acute affection, according to the best clinical observers. It acts as a depressant like blood-letting.

Mercury has been given but not so often as formerly. It was supposed that this agent was absolutely essential in treating the cardiac complication. In some instances it is still resorted to, but the tendency to use it is growing less and less in the profession.

The alkaline treatment is the one now mostly employed by physicians, not only in private but in hospital practice. It is strongly advocated, and it certainly seems by its eliminative power over the kidneys, to get rid of the morbid material in the blood giving rise to the disease. Better results have been obtained than by any other treatment. *Garrod* combines quinine and bicarbonate of potassa, soda or ammonia together. He gives thirty grains of bicarbonate of potassa and five of quinine every four hours, keeping up the treatment steadily for some days. Many cases of rheumatism, which have been treated expectantly, have run through the disease as favorably as when medicinal treatment was used. Therefore, great care should be exercised in coming to a conclusion as regards the effect of medicine in this disease.

Bromide of ammonium has been used of late experimentally in this hospital, under the general impression that it shortens the duration of the case and of the subsequent period of debility, and lessens the tendency to cardiac disease. *Dr. Meigs* has not observed any special advantage it exerts over the alkaline treatment. But every judicious physician will treat cases according to their symptoms and complications.

Case 2d. This very interesting case, in a woman, illustrates the dyspnoea which occurs during rheumatism, when the muscular tissue of the heart itself is affected. The patient had an attack of rheumatism in February last, and was sick for three weeks. Her present attack came on two weeks ago. There is a great deal of dyspnoea. No rubbing sound, indicating pericardial trouble, nor any murmur indicating endocarditis can be discovered. On taking hold of the wrist, it is found that the pulse loses the third beat; two rapid contractions and the third is lost. There is irregular action of the heart itself. The systolic movement seems as if it were divided into two imperfect beats, not one decided, emphatic stroke, as in health. There is a good deal of tumultuous action of the heart.

In every acute rheumatic case, it is the bounden duty of the physician to examine the heart day after day. A patient with a great deal of dyspnoea and an irregular sort of pulse, is one to be watched over closely, for the simple reason that there is then a liability to sudden collapse. If the physician is not on his guard, and does not state to the relatives of the patient the danger, he will never be forgiven if the case happens to go off suddenly during his absence, and after he has said it is going on well.

Case 3d. This case, of some interest, illus-

trates what is called by GARROD, rheumatoid arthritis. It is what is commonly known as rheumatic gout. It is a disease attacking the joints also, although not ushered in, generally speaking, by acute symptoms.

Henry D, æt. 27. Admitted four weeks ago. Always healthy; of healthy parentage. Ten days before admission felt severe pain in both knee-joints, which did not swell. One week afterward his left ankle joint became painful and began to swell. On admission, tongue coated, bowels constipated, skin hot and dry. Present condition much improved, pain lessening, gaining health and strength. Dry crepitation can be detected in the left ankle joint on moving it. His temperature rises considerably in the evening. Urine, sp. gr. 1020; triple phosphates; no deposits; no albumen, which sometimes appears in rheumatic disease, but which is not characteristic of the affection.

He has been placed on bromide of ammonium, fifteen grains every four hours, and HUXHAM'S tincture of bark. Subsequently a drachm of the ammoniated tincture of guaiac in milk, *ter die*. Good diet, four ounces of milk punch a day, and blister over the ankle.

GARROD affirms that in this form of disease, there is never in the blood any uric acid, above the trace which exists in health. From the blood of the gouty patient crystals of uric acid are invariably obtained upon a thread placed in a mixture of the serum of the blood, or of the fluid from a blister, with acetic acid, in the proportion of six minims of the acid to each fluid-drachm of the serum. Thus a positive differential point between these two affections is obtained. He separates it from rheumatism by the fact that in rheumatism the affection is generally preceded by acute febrile attacks, copious sweating, with acid acrid discharges from the skin, which is not the case in this disease. There may be acute symptoms but rarely, and they are not accompanied with copious perspiration. Again, in rheumatism the effused serum is gradually absorbed, and there is no disorganization of the joint. But in this rheumatoid disease, the tendency is to a very serious affection of the joint. There is not only an effusion of serum, but the cartilages covering the head of the bone are absorbed, the hard dense surface of the bone also, becomes impaired; and, finally, the cancellated structure is exposed, and ankylosis is very apt to take place. Fine crepitus does not follow true articular rheumatism. In acute rheumatism the joints are affected erratically, and get well often suddenly, metastasis,

usually symmetrical, taking place. But in rheumatoid arthritis one joint is affected after another, the first still remaining ankylosed.

Rheumatoid arthritis generally comes on in individuals broken down in health, who have been subjected to deprivation of light, to loss of rest at night, etc., and other circumstances which tend to depress vital power. Therefore the prognosis is worse than in the articular affection of true rheumatism, simply because the system is already deteriorated very much. The cases require tonics, good diet, and stimulus. The ammoniated tincture of guaiac seems to have more influence over these cases than alkaline remedies, and it appears to increase the capillary circulation, giving warmth to the extremities. HUXHAM'S tincture of bark will now be added to his treatment.

Case 4th. Colored girl, æt. 17; native of West Indies; always healthy; of healthy parentage; never had rheumatism before. Two weeks prior to admission, the left elbow joint was affected, and then, in twenty-four hours, the right knee. Received no treatment. On admission, anæmic in appearance, right knee-joint swollen, painful to the touch, and fluctuating on palpation. At the present time much improved; effusion subsided; bowels normal; sleeps well; complains of some pain in the left ankle, which is not swollen. Urine, sp. gr. 1016; tripple phosphates, with granular urates; no casts; no albumen. No murmur about the heart. At one time there was some evidence of a murmur there, which appeared, however, to be due to anæmia, not to valvular disease.

She has been on the usual treatment of bromide of ammonium, 15 grs. every four hours. Yesterday she was ordered quinine and iron; two grains of the former, and ten drops of the tincture of the chloride of the latter, *ter die*. Also beef essence, good diet, and some wine. The knee has been blistered, and the effusion is going away. In a little while, with constitutional tonic treatment, she will be well.

Hypodermic Use of Ergot in Aneurisms.

The Berliner Kl. Wochenschrift, March 22d, 1869, says:—

"VON LANGENBECK, of Berlin, reports two successful cases, in which the above treatment was pursued. Operative interference was impracticable, and he made hypodermic injections of fluid ext. of ergotæ, with excellent results; the patients being almost entirely cured at the date of report. He strongly recommends the method to the attention of others."

Medical Societies.

ASSOCIATION OF MEDICAL EDITORS.

During the sittings of the American Medical Association at New Orleans, a meeting of Medical Editors was held, and an Association formed. Through the kind attentions of Dr. W. S. MITCHELL, of New Orleans, who was elected Permanent Secretary, we have received the following account of the meeting.

It will be noticed that the following Journals were represented at the meeting. The *New Orleans Journal of Medicine*, the *Richmond and Louisville Medical Journal*, the *Nashville Journal of Medicine*, the *Chicago Medical Journal*, the *St. Louis Medical and Surgical Journal*, the *St. Louis Medical Reporter*, the *Galveston Medical Journal*, and the *Detroit Review of Medicine and Pharmacy*—eight in all.

Wednesday, May 5th, 1869.

Pursuant to adjournment from the preliminary meeting on Tuesday, the meeting of Medical Journalists was called to order at 8 o'clock. P. M., by Dr. N. S. Davis, of the Chicago "Medical Examiner."

The Committee on Organization, through their Chairman, Dr. Theophilus Parvin, of the "Western Journal of Medicine," then presented the following preamble and plan of organization, which was unanimously adopted:

"The editors of medical journals in the United States, desiring to cultivate professional courtesies, to facilitate the conduct and general management of our journals, to promote their interests, their usefulness, and make them a still greater power for professional and popular good, and especially to advance the interests of medicine, hereby unite together under the following

ARTICLES OF ASSOCIATION.

Name.—The Association of Medical Editors.

Purposes.—The cultivation of friendly relations, mutual assistance, community of effort and means, where practicable, in a system of receiving foreign exchanges, and of sending our own journals abroad; in urging, with hearty concert, improvements in the present system of medical education, and a higher standard of preliminary education of those who desire to enter upon the study of medicine; the collection of vital statistics; the collecting of the names of all the regular physicians in the United States, age, place, and date of graduation, if a graduate; also, the same in reference to graduation at literary institutions, if such a graduation has taken place.

Meetings.—These shall be held, commencing at 10 A. M., on the day preceding, and at the place of the annual meeting of the American Medical Association.

Officers.—President, Vice President, Permanent Secretary, and Secretary.

The President, Vice President, and Secretary shall be elected annually, and shall serve at the meeting of the succeeding year.

Committees shall be appointed where necessary for the carrying out of any of the special purposes of the Association.

These resolutions having been signed by the following delegates—Dr. N. S. Davis, Chicago Medical Examiner; Dr. Jas. M. Holloway, Richmond and Louisville Medical Journal; Dr. Wm. M. McPheeters, St. Louis Medical Reporter; Dr. W. R. Bowling, Nashville Journal of Medicine; Dr. J. Berien Lindsley, Nashville Journal of Medicine; Dr. Greenville Dowell, Galveston Medical Journal; Dr. Samuel Logan, New Orleans Journal of Medicine; Dr. S. S. Herrick, New Orleans Journal of Medicine; Dr. E. W. Jenks and Dr. Geo. D. Andrews, Detroit Review of Medicine and Pharmacy; Dr. W. S. Mitchell, New Orleans Journal of Medicine, and Dr. S. M. Bemiss, New Orleans Journal of Medicine—the officers, as follows, were unanimously elected:

President—Dr. N. S. DAVIS.

Vice President—Dr. W. M. MCPHEETERS.

Permanent Secretary—Dr. W. S. MITCHELL.

Secretary—Dr. J. BERIEN LINDSLEY.

The following resolutions were unanimously adopted:

That a Committee on Foreign Exchanges be appointed, to consist of Dr. PARVIN, as Chairman, and the Permanent Secretary.

That the Permanent Secretary be instructed to correspond with such regular medical journals of the United States as are not now represented, informing them of the objects of the organization, and inviting their co-operation.

That a Committee, consisting of Drs. BOWLING, DOWELL and ANDREWS, be appointed on the Registry of Physicians.

That Dr. HOLLOWAY be appointed a Committee on Revision.

That the President deliver at the next meeting an address on the history, progress, etc., of Medical Journalism in this country, and that the members of the Association furnish to him such material and information as they may be able to obtain.

That besides the members already signing the constitution, all physicians connected with regular medical journals, be considered members upon signifying, in writing to the Permanent Secretary, their willingness to subscribe to the foregoing articles of agreement, until opportunity be afforded them of signing said articles.

That the President be requested to announce to the American Medical Association the formation and objects of this Association.

That these minutes be furnished to the secular papers, with a request that they be copied.

That Dr. HOLLOWAY be appointed a Committee to arrange a general plan of communication between medical journals.

That the Committee on Exchanges be instructed to arrange some general plan for the establishment of agencies in all the principal cities.

There being no further business, the meeting adjourned.

EDITORIAL DEPARTMENT.

Periscope.

Treatment of Rheumatism.

In the *British Medical Journal*, Dr. HENRY KENNEDY has some remarks on the treatment of acute rheumatic fever. They are as follows:—

Within a brief period a very interesting discussion, relating to the treatment of rheumatic fever, took place at the Royal Medical and Chirurgical Society of London. The point discussed was, however, one of more than ordinary moment, being neither more nor less than the question whether art has any means at command, by the use of which the duration of the disease could be shortened. One party maintained that the disease, if treated only with mint-water, would terminate in about ten days; that is, when no treatment was adopted, the tendency of the disease was to cease about this period; and a number of cases were quoted in proof of this statement. The other held the opposite, maintaining that the treatment known as "the alkaline," did materially shorten the attack. Before stating my own views, I would observe that the question discussed is but one of many of a similar import which have been started within the last few years. The late Sir JOHN FORBES appears to have been amongst the first to bring the matter prominently forward, and to have questioned the power of our art not only over rheumatic fever, but over disease in general, and to have arrived at the conclusion that Nature does everything, and art little or nothing. In keeping with these views, all are aware that what is known as the antiphlogistic treatment has been not only questioned, but even rejected by many of late years. Hence, too, has arisen the question which it is the more immediate object of these remarks to discuss.

Now, I believe that the views commonly held on this point are not sufficiently clear. To assert that the physician cures disease is, I think, in the strictest sense of the words, incorrect. The proper way to put it appears to me to be that the physician treats, and, with the assistance of Nature, cures disease. As to the views advanced by FORBES, and held by many since, I do not believe in them at all; my experience is entirely opposed to them. I have not found that Nature one moment causes disease, and the next sets about curing it. On the contrary, cases either overlooked or neglected, I have not found to get

quite well of themselves. Take examples of any of the acute affections—as pneumonia or pleuritis—and, if left entirely to themselves, what do we find at the end of weeks or months? Is it that Nature has cured them, or that we can detect no mischief in the chest? Quite the contrary. And on this point I appeal to the experience of all present, who must have met instances of either disease, which, as I have said, had been overlooked or neglected. Nature, it is true, in the course of time, modifies them much, but she does not cure them; and the system at large suffers seriously from the disease—the latent fire, as it may be called, which keeps still smouldering, and which, if there be a tendency to strumous disease, it is sure to engender; and so it is of other affections, acute or chronic. Who knows not the mischief which often follows a neglected cold?—an expression, by the way, in every one's mouth; and yet this is one of the very mildest affections with which we can be assailed. Or, if we take any of the real diseases of the skin, or syphilis, will any one maintain that these cure themselves? On the contrary, will it not be allowed that the cure of these affections is a distinct triumph of our art? But some one will ask me here, will not a common cold cure itself? or what control have we over fevers? My answer to the first query is—I believe, indeed I think I may say I know—that a little well-directed treatment will shorten materially its duration, whilst it lessens its severity. The second query calls for more consideration; for here I am quite ready to admit that our control over the specific poisons which cause fevers is little or none. For myself, however, I believe that in harm—and there has been often occasion to state this before—we have an agent of great power in counteracting low states of fever, whether met with in typhus, scarlatina, or small-pox; and with the giant strides which chemistry is now making, it seems to me highly probable the day will come when agents will be discovered capable of counteracting more effectively these poisons. Nor, in the closest connection with this subject, must we overlook the series of most valuable experiments made within the last year or two on the poisons of snakes introduced into the living frame. I confess I look forward to great results from them.

Leaving, however, this question of antiseptics for the present, I hold that our management of a case—say of typhus—within the first few days of the onset of the attack, is all-important. I have the strongest conviction which the nature of the subject admits, that this preparatory

treatment—if I may so speak of it—often makes the difference between life and death. In August, 1867, when the British Medical Association visited us here, an eminent London physician remarked, in my presence, that he had no faith whatever in treating fever, except so far as sustaining the strength of the patient went. On my telling him that I frequently applied leeches to the head, with the most signal benefit, and more particularly early in the attack, when epistaxis had threatened or occurred, he admitted at once that such a measure might be very advisable. Indeed, as we know that the danger of a case of genuine typhus happens from the ninth to the thirteenth day, and that this danger usually arises from the brain becoming deeply engaged, I cannot see any valid reason why we should not do our best to anticipate what is coming. I repeat, then, that I believe we can mitigate the symptoms of a state which, if left to itself, would prove fatal. Here I almost feel that an apology is necessary for dwelling on points of this kind, and before such a meeting as I now have the honor of addressing; for the profession in Dublin have, I am happy to say, been singularly free from these fluctuations in opinion, as to the treatment of disease, which have obtained elsewhere; still scepticism—and it is nothing short of this—no matter where it may have shown itself, is capable of doing injury to the whole profession, and so I have noticed it.

Though the foregoing remarks are of a general kind, I have thought it essential that they should be made, as they have the closest connection with my subject, and tend naturally to the question which I would bring before you: Can our art shorten the duration of the disease known as rheumatic fever? I believe it can. I have as strong a conviction on this point as I have that sulphate of magnesia will act as a purgative. Here it may be well to observe that the affection of which I speak is one of great frequency, of a very specific character, entailing much suffering, and one which it is scarcely possible to mistake. It is one, too, which, if I may so say, we can both see and handle; and, lastly, it is one of the exact nature of which, if we have not a complete, we have at least a considerable knowledge. Hence it would scarcely be possible to select a disease more suited to test the resources of our art than this very one. But before speaking of these, it will be necessary to advert briefly to the natural history of the affection; for on this point it is that the gentlemen in London, (and very eminent they are), take their stand, by asserting that, if the disease be left to itself, and treated

only by that potent agent, mint-wanter, it will subside in ten or eleven days. I confess I read this statement with great surprise, it was so totally at variance with all my experience on the matter. I could not but call back the time when many, if not most of us, spoke of six weeks and flannel as being the only cures for the disease, shewing, as I think, conclusively, what its natural history then was; and, as years rolled on, and I came to treat the disease myself, I could not help observing that, in by far the majority of cases, a week at least had elapsed before the patients came into hospital with the attack fresh upon them; and when they came in, after even a fortnight, the disease was still at its height, and the suffering intense. And let it be observed, that from the very nature of the disease these patients were compelled to keep their beds, and so carried out the treatment, I vouch for it, systematically, which some would have us now adopt. Yet the disease did not subside, as their coming into hospital fully proved. As to the cases advanced by Drs. GULL and SUTTON, in favor of their views, I must say they appear to me very satisfactory; but as this has been already shown by Dr. FULLER, in his last able communication in *The Practitioner*, I need not allude to them further here.

And now to come to the important part of this brief notice—for it is nothing more—what is the best line of treatment for acute rheumatic fever? With our present knowledge, it lies chiefly, I believe, in some one of the modifications of what is known as the "alkaline treatment," which, amongst other effects, there can be no doubt, renders the urine neutral, or alkaline. Though it has been only of late years that the proper way of effecting this object—I mean rendering the urine neutral—has been known, still the plan of using alkalies, and their earths, to as great an extent as has been recently recommended, is, like many other plans brought forward as new, old enough, having been in vogue with several during the last century. It must be repeated, however, that it is a knowledge of the fact that we can positively render the urine neutral, which gives us the advantage over our predecessors, and which, to my mind, renders the treatment of the disease almost a certainty.*

* When I say a certainty, I would at the same time wish it to be understood that exceptional cases occur where a complete alkaline treatment would be very injudicious. Thus, I have now seen several instances where, in the course of an attack of scarlatina, acute rheumatism of the joints, attended with much swelling, showed itself; and, not long since, I was asked to see a severe case of spotted typhus, where a similar occurrence took place. The remarks mainly apply to the disease in its acute and uncomplicated forms.

Which preparation of potash should be given, or whether different salts should be combined, I must say I have not been able to determine. As we know that they almost all leave the system as carbonates, the presumption is that no important difference exists as to their effects on the system. This point, however, must still be considered *sub judice*. The alkaline treatment, then, of rheumatic fever, I consider as taking the very first place; of course modified in the extent to which it is carried by the demands of each case. On this point I go the entire way with two London physicians, Drs. GARROD and FULLER, who have each written most ably on the matter. The paper, indeed, of the former appears to me absolutely conclusive; and yet strange to say, I believe it was not even alluded to in the late discussions in London.

Forcibly, however, as I would wish to bring under your notice the alkaline treatment of the disease, I am very far from saying that it is all that is required. You all know that the affection is one which very generally, though not always, entails severe suffering. All suffer pain but some a great deal more than others. Now, in all these cases I have been in the habit, for some years past, of giving anodynes in union with the alkalies, opium being the chief, and, when it agrees, by far the best. The opiate treatment has been long known; but I am not sure I have anywhere seen the combined plans recommended; and yet, with my present experience, I believe it to be the best and safest plan which can be adopted. It acts *tuto, cito, et jucunde*.

In these very brief remarks on the treatment of acute rheumatism, I have purposely omitted many points both of moment and interest, as well as treatment. To one point only, before concluding, I may allude—that is, whether the alkaline treatment lessens the probability of the heart becoming engaged. I believe it does. But this is a point on which it must be allowed a great caution would be required, before giving an opinion. If, however, a certain line treatment lessens the duration of this disease, it would be fair to infer that it must, by so much, diminish the chance of the heart getting engaged; and this would seem to be confirmed by any statistics yet brought to bear on the question. Within my own observation, the heart, when attacked at all, has, in the great majority of instances, been affected before the patients came into hospital; and it has been the valves, not the pericardium, which were involved. It is worth noting that I have, in four instances, seen pericarditis precede the affection of the joints.

To sum up, then, I hold that acute rheumatic fever can, by our art, be materially shortened in its duration, and that those who are sick need a physician.

A Case of Anthrax.

Dr. S. C. THORNTON, of Moorestown, N. J., contributes to the *Richmond and Louisville Med. Journal* the following article.

As diseases are often interesting to the physician because of their singularity and complications, and when their symptoms are grave and threatening, their successful treatment more or less important, so the history and treatment of this case may be sufficiently interesting and important to justify its publication.

Nov. 15th, 1868. I visited professionally to-day H. V., a farmer, age fifty-two years; height sixty-two inches; weight ten stones. Since 1856, when I attended him for fractured femur, he has had no sickness; he is "temperate in all things," active, and industrious. On the 8th, a small pimple prevented him from buttoning his shirt collar. To-day, the pimple's former site is occupied by a large anthrax, right side of the neck, extending from the hair of the scalp three and a half inches downward, circular, the cuticular covering of which is thin, and perforated by numerous foramina, and discharging laudable pus. The top was freely scarified and touched with potassa, to assist in the separation of the dead cellular tissue and to destroy the peculiar pain. Prescribed a poultice of lini farina; Cook's pills; after their operation, morph. sulph., gr. ss. every four or six hours until sleep was produced. Nothing in the general symptoms worthy of notice was observed.

16th and 17th. Nothing unusual.

18th, 6. A. M. Family thought he was sinking. Profuse perspiration, oppression of the chest, difficulty of breathing, were the difficulties with which he had to contend, all of which I imagined might have originated in incubus, of which, however, he had no recollection. Prescribed pil. hyd., gr. ij., and whisky, f.ʒj. every two hours, morphia to be continued, if required; it has made him sleep well at night.

19th. Dyspnoea gone, and diaphoresis not so profuse. Slips down in the bed. Prescribed the same doses of whisky and mercury every three hours; he is not to be awakened for them.

20th. Irritability of mind, twitching of the facial muscles, restlessness of body; pulse hard, full, and 108. There is diaphoresis still; omitted whisky. Prescribed inf. valerian and solu-

tion of quinia, gr. ij. to f.ʒj., also pil. hyd., gr. ij. The first to be frequently taken, the two last every four hours.

21st, 2, A. M. Family thought he was dying, "because his jaws are set." Rigid contraction of the masseter and temporal muscles, chronic in their character I presume. Expression of the eyes wild and staring; pupils dilated; diaphoresis profuse. From the inarticulate answers given, we thought he recognized those present. He lay on his right side, and, if I may be allowed the expression, in emprosthotonos. The spasm of the jaws originated in an attempt to drink. Chloroform was inhaled, the muscles completely relaxed, and he slept well till 4, A. M. During the time he was under the influence of the chloroform, a strong injection of assafœtida was administered, which emptied the lower part of the colon freely. When he awoke he was maniacal, and violently resisted the efforts of three strong men to keep him in the bed. Chloroform was administered again; by force he was compelled to inhale it; to its influence he was quite susceptible, and was soon asleep. He slept till 6, A. M., and awoke again a maniac. I wished his wife to try moral suasion. This she did, and by constant watching she succeeded in keeping him tolerably quiet until 8, A. M. Directed that no more medicines should be given of the kinds he had been taking. There was no ptialism perceptible. Prescribed soup for his food. If trismus or mania returned, I directed his male nurse to keep him under the influence of chloroform. In the evening I found that every attempt to swallow the soup had brought on trismus, and consequently, the anæsthetic had been frequently and freely used to relieve it and the raving.

23d, 2, A. M. Constant subultus; frequent returns of the trismus, always with an attempt to swallow; profuse diaphoresis; slipping down in the bed; pulse full, hard, and of normal frequency; anthrax discharging very freely, and granulating well. A blister of ceratum cantharidis was applied over the whole length of the spine, two inches in width.

The carbuncle was dressed with raw cotton, well soaked with tinct. opii. Morphia, gr. ss every two hours. If he could not swallow it, tinct opii, f.ʒj. to be thrown into the rectum as often. At 9, P. M., the blistering cerate was removed, and had drawn well, the subultus had disappeared, and the morphia held him "firmly bound." Chloroform had been frequently given during the day, for the trismus and mental derangement.

23d and 24th. Gradually improving. On the

latter day trismus existed for the last time. December 6th, visits discontinued.

During four days he used in inhalation three pounds of chloroform, a good article that I procured from the manufacturers, Powers & Weightman. He swallowed, in the course of his sickness, eight grains of morphia, and one ounce of pure laudanum was given in enemata.

In a case reported by my father, (of traumatic tetanus, that he successfully treated, and which was caused by wearing a tight boot,) in the *Medical Reporter* for 1849, venesection was practised, and ptialism produced, but he afterward trusted entirely to ether and chloroform to induce the cure.

In the three cases I reported to the MEDICAL AND SURGICAL REPORTER: that of a lad who fell from a tree on the palms of his hands, and thereby forced both bones of both the forearms into the earth; that of the young man in whom tetanus originated from a wound in the hand; and that of a farmer in whom idiopathic tetanus was induced by sleeping in the open night air, no chloroform or ether was used. The first of these three cases was, of course, a hopeless one. The second was one of tonic and general muscular rigidity, and recovered. The third very much resembled Vanvane's case. In both the diaphoresis was profuse, and in both trismus was induced by drinking. Vanvane had emprosthotonos; the other (Burr), opisthotonos, and died in one of the spasms; and in the treatment of this case, Burr's, I now regret that he was not thoroughly anæsthetized by chloroform during the spasms.

Vanvane's was certainly a desperate case; the attending symptoms, tetanic and cerebral, were different from those I ever saw accompany anthrax. A few weeks after his commencing convalescence, I have been informed, a similar case happened, under the same constitutional relations, in Marlton, a village six miles from this place. Both men were of the same height, and alike in their general habits of life. The Marlton man was much the heavier: he had trismus and raving; difficulty of deglutition and profuse diaphoresis. No chloroform was administered to him, and he died. That chloroform would have saved him, I am not certain, but would not feel myself justified in treating a similar case without it. That Vanvane had spasmodic action of muscles of the jaw is undeniable; and they were so firmly closed, that with my hands unaided, I was unable to make the slightest separation. In the etiology and pathology of tetanus, I am cognizant of nothing that forbids me to consider this spasmodic action tetanic.

The Nomenclature of Skin Diseases.

Dr. JAMES C. WHITE writes as follows in the *Boston Medical and Surgical Journal*:

No writer has done so much to increase the unfortunate confusion which exists in connection with the nomenclature of cutaneous diseases as Mr. WILSON. Up to the 4th edition of his work he had called psoriasis, lepra, applying the former, its proper title, to a variety of chronic eczema. In the preface to his 5th edition, published in 1863, and written immediately after an interview with Professor HEBRA "amidst the academic groves of Richmond Hill," we find the following change announced:

"To return to Hebra. The term lepra—*der Aussatz* in German—signifies the eruption, the great eruption. It is synonymous with leprosy, the leprosy, the ancient leprosy, that which has since been called elephantiasis. Therefore let us bestow the term lepra where it rightfully belongs, or reject it altogether. The trivial affection which we at present call lepra has no single point of comparison with leprosy. We cannot but admit the truth of this argument, and we cannot, also, but recognize in an instant the monstrous absurdity of calling a comparatively insignificant disease by so portentous a name.

"Now, HEBRA cuts the gordian knot. Eczema he calls eczema; lepra, lepra; and that very common affection which we at present term lepra, he calls psoriasis. The change is simple, the reasons for it important. We cannot do better than adopt it. Moreover, it suits the spirit of the British bull-dog to call things by their proper names, and we are too noble in our nature not to recognize and value the intellect of our foreign brethren. The great International Exchange of 1862 will not have existed in vain, if it have accomplished no more than to enable us to give the proper name to a very common and troublesome disease."

Considering the reputation for tenacity of the canine species here mentioned, it might be presumed that this matter of title was definitely settled, but in the "Student's Book of Cutaneous Medicine," published in 1864, the "intoxication" produced by the "fascinations of his agreeable friend" (Professor H.) seems to have subsided, for Richmond Hill is ignored, the term psoriasis being still retained for this form of chronic eczema, while his old lepra is called alphas.

In April, 1868, this gordian knot appears to be still uncut, and a positive reaction has taken place in the temper of the British bull-dog, for in an article on this affection, no longer alphas

but lepra again, published in the *Journal of Cutaneous Medicine* at that time, we find the following recantation: "Nothing can be more outrageous than the blunder of calling lepra vulgaris, psoriasis: happily it is a foreign blunder; but we trust that there are few amongst us who are so lost to the proper estimation of nationality as to submit blindfold to the foreign yoke. We have no objection to accept the truth at the hands of our foreign brethren, but once and for all we reject their falsehood; and we have a proper disdain for the spirit of *gobe-moucheism*, which is at all times ready to gulp down "omne ignotum pro magnifico."

Later in the same year (October) he calls psoriasis, lepra alphas; and in January, 1869, another alteration is introduced, and the title lepra græcorum is adopted. In this latter article, a review of HEBRA's work, he says, "it would be a serious mistake to confer on lepra so unsuitable a designation as that of psoriasis, as is proposed by our Austrian colleague. We trust that our countrymen will agree with us in our objection, and resist an attempt at the alteration of our nomenclature, which is pressed upon us inconsiderately, and with an authority which we think it absolutely necessary to resist." To this a writer in the *Edinburgh Medical Journal* of March, if we mistake not, the well-known author of the best works on skin diseases published in Great Britain, replies:—"And but small excitement do we feel in the approaching contest which Mr. WILSON announces as about to take place between himself, a self-elected champion of Britain, and HEBRA, as the supporter of the honor of Germany; notwithstanding the flourish of trumpets with which Mr. WILSON accepted the fancied challenge, and calls upon all interested to form a ring, and be judges of the fairness of the strategy. For it is just possible that the personal appearance of his German opponent in the field may once again be sufficient for victory, and enable him to return to his country singing the exulting psalm of *veni, vidi, vici*."

Spectrum Lines.

At a late meeting of the American Institute, Professor E. C. PICKERING, of the Massachusetts Institute of Technology, employed the following method to illustrate his paper on Spectrum Analysis. A sheet of black lace, one and a half feet broad, and three feet high, was suspended as a screen, and upon it was thrown a continuous spectrum from a magnesium light, arranged in the manner first developed for the electric light by Professor COOKE of Cambridge, except that

only one bisulphide of carbon prism was used. The spectrum covered the entire lace screen, the curvature of its lines being corrected by an opposite curvature of the opening through which the light passed. Upon this black lace were attached a number of white paper strips, so arranged as to occupy the places of the bright lines in seven different spectra, such as those of sodium, potassium, rubidium, cesium, etc. These being illuminated by the variegated light of the continuous and broad spectrum, received and reflected each the color corresponding to its position, and therefore, (their adjustment being accurate,) that which actually belonged to the band which it represented. The light falling between these paper bands was not, of course, reflected, and the appearance, therefore, was, in each case (as in an actual spectrum), of bright-colored lines on a dark ground. When, however, as in the case of potassium, the nebula of Orion, etc., a faint, continuous spectrum is in fact combined with that of the bright lines, this also was represented by attaching, in the right places, bands of white lace, which reflected enough of the colored light to produce a hazy spectrum, admirably imitating that of the substances or bodies in question.—*Jour. Franklin Institute.*

Reviews and Book Notices.

NOTES ON BOOKS.

On the Ninety-Sixth Anniversary of the Medical Society of London, March 8th, 1869, Sir G. DUNCAN GIBB, Bart, M. D., of Falkland, late Vice-president of the Society, delivered an interesting oration on "Discoveries in Science by the Medical Philosopher." (London, H. K. LEWIS, 1 vol., 12mo., pp. 62.) It is a brief review of the contributions to science which have been made by members of the Society since its commencement. We are astonished and pleased to see the names of so many distinguished men in its pages. The author, Dr. GIBB, spent several years in this country and Canada, and is known in other departments of natural science, especially geology.

Three commissioners, among them Dr. Geo. F. FORT, were appointed by the New Jersey State Legislature to examine the various systems of prison discipline and report an improved plan. Their report has now appeared, and makes a pamphlet of sixty-two pages (printed at the *True American* office, Trenton). They have done their work admirably; their suggestions appear to us based on mature consideration and sound phi-

lanthropy. The pamphlet should be carefully studied by all interested in this humane topic.

The Anniversary Oration delivered before the Medical Society of the District of Columbia, last September, was by that accomplished medical historian, Dr. J. M. TONER. It has since been published, by request of the Society, in pamphlet form, (80 pp.) It reviews the medical history of Washington City from the time when, in 1608, Dr. WALTER RUSSELL extracted a fish-bone from that famous adventurer, Captain JOHN SMITH, down to date. It is enriched with notes, contains much on the general sanitary condition of our capital, and deserves a permanent place in the library of the medical historian.

From Detroit there reaches us, "A Letter to Prof. A. B. PALMER," in reply to his four lectures on homœopathy, by CHAS. J. HEMPEL, M. D. If there was anything new in these letters, either in allegation, style, or presentation, we would cheerfully review them at length. But as they contain nothing but what has already been repeatedly answered, it is not worth our while to spare space for the purpose.

Proceedings of the State Medical Society of Michigan for the years 1867 and 1868. Detroit: 1869. 1 vol., 8vo., paper, pp. 116.

This volume contains the minutes of two annual meetings and a number of reports and papers. It is pleasant to learn from it that the Michigan Medical Society is in a prosperous condition. At the last meeting, one of the most prominent topics of discussion was the attempt of the homœopaths to foist their exclusive "isms" into the professorial chairs of the Ann Arbor University. The opinions expressed were clear and sound, and a unanimous sentiment of regret at the folly of the Board of Regents in making such a move, was visible. We shall make extracts from several of the reports for the reader of this journal, as these documents contain much useful information.

— The *Gazette Hebdomadaire, etc.*, adds to a previous report of one of Professor BROWN-SÉQUARD's communications to the Academy of Medicine, that that gentleman compared the *auricular hematoma of the insane* to the hemorrhage into the tissues of the ear produced by his artificial lesions of the *corpora testiformia*.

— The same journal gives a note from M. PHILIPPEAUX, in which from certain new experiments he draws the conclusion that, as a general law, among vertebrate animals at least, an organ entirely removed can never be replaced—that when an organ is regenerated the basilar portion has not been removed.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 22, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

VACCINATION AND ITS BENEFITS.

There is no error more likely to produce serious results on the public welfare than the unfounded prejudice against vaccination, which both in this country and in England has been fostered by ignorant or unscrupulous parties during the last few years.

Of the many brilliant proofs of the value of Dr. JENNER's discoveries, hardly any is more satisfactory than one recently brought forward by Dr. E. M. SNOW, Superintendent of Health of the City of Providence, Rhode Island, whose labors in behalf of public hygiene and medical statistics we have frequently had occasion to mention with commendation. He recently laid before the Board of Aldermen of that city a report on small-pox and the protective power of vaccination, which is not less valuable for the original observations it contains, than for the clear and decided language in which they are set forth.

He calls attention to the frequent statements in the public papers, that vaccination has lost its protective power against small-pox, or that it has run out, implying that the vaccine virus had lost, either in kind or in degree, some of the properties that it possessed when first discovered. On account of an unusual prevalence of small-pox, during the last fall and winter, in California, as well as in Chicago, St. Louis, and other of our midland cities, these statements in the newspapers have been more frequent than usual. It is probable that there are many persons in the community who are inclined to believe them, or at least, to think that there is some foundation for them. And yet there is not one particle of truth in them. The character and properties of vaccine virus are as perfect, and its protec-

tive power against small-pox is as certain and effectual to day, as it was when first discovered by JENNER.

The proof of this is seen, first, in the character and effects of the vaccine virus itself; and second, in the results of its application in the community.

1. *The Vaccine Virus itself.* Dr. JENNER gave minute instructions for vaccination; described precisely the character, properties, and local and constitutional effects of the vaccine virus; and gave a most exact and particular description of the progress and appearance of the vaccine vesicle, day by day, from the insertion of the virus until the scar is healed.

The operation done in the same way, anywhere, to-day, produces precisely the same local and constitutional effects, and the most skilful and minute professional examination of the vesicle, day by day, cannot discover the slightest variation from Dr. JENNER's description.

2. *Results of Vaccination.* The results of vaccination in giving protection from small-pox, are precisely the same now, as they were in the time of JENNER.

In Providence, during the past winter, small-pox was stopped four different times by vaccination. No one can believe that if there had been no protective power in vaccination, the disease could have been arrested under the circumstances in which it appeared. But there is more direct and positive proof than this, of the protective power of vaccination at the present time.

During the month of April, 1869, Dr. SNOW had a case of small-pox in a family where there were three persons wholly unprotected, and one other person with only partial protection. He vaccinated them all, and though they remained in the family, and went freely in and out of the room with the small-pox, until recovery, not one of them had the slightest symptoms of the disease. Was there any evidence of a weakened protective power of vaccination in that case? And yet, during this same time, an article appeared in one of the daily papers taking the ground that vaccination has lost its protective power against small-pox. But this is no exceptional case. Scores of similar cases have occurred during the last fourteen years.

It may be assumed, positively, that the remarkable exemption from small-pox, enjoyed by Providence during the last fourteen years, as already described, has been wholly owing to the protective power of vaccination.

Such instructive facts as these should be repeatedly urged on the public mind. The igno-

rance of the simplest truths of medical science is so crass and wilful, that it is only by a ceaseless iteration that we can hope to bring the mass of men to a proper regard for their own welfare.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by GEO. H. NAPHEYS, M.D.

No. 14.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Treatment of Skin Diseases continued.

J. M. DA COSTA, M.D.

114. R. Potassii cyanidi, gr. $\frac{1}{2}$.
Alcohol, f. $\frac{3}{4}$ j.
Glycerinæ, f. $\frac{3}{4}$ ss.
Aque, f. $\frac{3}{4}$ vj. M.

A local application to allay itching in various skin affections, to be sponged over the part several times a day.

115. R. Hydrarg. chlor. mitis, \mathfrak{D} j.
Cerati simplicis, \mathfrak{Z} j. M.

An alternative ointment to be applied in *eczema capitis*, after poulticing.

116. R. Sodæ sulphitis, \mathfrak{Z} ss.
Aque, f. $\frac{3}{4}$ vj.

To be used as a wash in *lepra*. The patient at the same time being ordered internally,

117. R. Liq. potassæ arsen., \mathfrak{M} iij.
Tr. gentianæ comp., f. $\frac{3}{4}$ j.

For one dose, ter die.

118. R. Ung. hydrarg. nitratis,
Cerati simplicis, aa \mathfrak{Z} ss. M.

For *pityriasis of the scalp*. To be applied

morning and night. The hair should be cut short, and poultices applied before using this ointment. The scalp is to be kept clean with soap.

119. R. Unguenti picis,
Ung. hydrarg. oxidi rubri, aa \mathfrak{Z} ss.

For *impetigo*. To be rubbed in morning and night. If this fails, apply

120. R. Cupri sulphatis, \mathfrak{D} j—ij.
Aque, f. $\frac{3}{4}$ j. M.

Or use the solid sulphate of copper.

TILBURY FOX, M.D., Lond., M. R. C. P., etc.

121. R. Plumbi acetatis, gr. xv.
Acidi hydrocyanici dil., \mathfrak{M} xx.
Alcohol, f. $\frac{3}{4}$ ss.
Aque, ad f. $\frac{3}{4}$ vj. M.

Use in *impetigo*. At the outset of this disease, and in direct proportion to the degree of irritation present, remedies should be emollient in character. Poulticing is the first step. Then the above lotion may be used. Subsequently,

122. R. Hydrargyri ammoniati, \mathfrak{D} j.
Olei olivæ, aa \mathfrak{Z} j.
Adipis, \mathfrak{M} vi.
Olei rosæ, \mathfrak{M} vi.
Tincturæ tolu, gtt. xx. M.

If the scalp is affected, the hair must be cut from around the disease. Pediculi, if they exist, will be destroyed by the above white precipitate ointment. In many cases alkaline lotions are of use, for example,

123. R. Sodæ carbonatis, \mathfrak{Z} j.
Aque, f. $\frac{3}{4}$ vj.

Prof. HEBRA, of Vienna.

124. R. Saponis mollis, \mathfrak{Z} j.
Aque bullientis, \mathfrak{O} j. M.

Use in the second stage of *eczema*, to counteract the infiltration. The lotion may be scented with some essential oil.

126. R. Picis liquidæ,
Alcohol,
Saponis mollis, aa f. $\frac{3}{4}$ ij. M.

This constitutes the "tr. saponis viridis cum pice," and is used in *eczema*.

Prof. J. LEWIS SMITH, New York.

126. R. Pulveris zinci oxidi,
Lycopodii, aa \mathfrak{Z} j. M.

To be dusted occasionally over the inflamed surface in the *erythema intertrigo* of infancy, when the inflammation is severe and accompanied by moisture. In slight cases of this affection, due to friction of opposing surfaces of the skin, or to the irritation of certain discharges, if not accompanied by moisture and destruction of the epidermis, dusting the surface thickly with powdered starch, so as to prevent attrition, will

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be all the treatment required. The disease may also be satisfactorily treated in most cases by the following wash.

127. R. Cupri sulphatis, gr. ij—iv.
Aque rosæ, f. 3ij. M.

To be kept constantly applied by means of linen saturated with it and pressed between the inflamed surfaces. When this disease is caused by frequent acid stools, remedies which cure the diarrhoeal affection also cure the erythema.

Bullock and Crenshaw.

One of our most reliable and popular drug firms have lately removed from their old stand at the corner of Sixth and Arch streets, a few doors down Arch street, on the opposite side, to No. 528, where they have occupied very extensive buildings running back to North street, giving them a very fine retail establishment, and abundance of room for their very extended wholesale operations. The readers of the *REPORTER* have for fifteen years been familiar with the name and character of this firm, and if we mistake not, their business has grown with the growth of this journal largely, through judicious advertising.

The University of Pennsylvania.

At a session of the City Councils held on the 13th inst., an ordinance passed one branch, authorizing the sale of 19 16-100 acres of the Almshouse property west of the Schuylkill to the Trustees of the University of Pennsylvania. The object is to effect a sale of the University property on Ninth street between Market and Chestnut streets, and remove the institution to that locality. The price charged—\$8000 per acre—seems large, especially when the ground is to be used for such a purpose—but it will be expedient for the Trustees to do anything in their power to bring the Medical Department of the University—the only department that brings in any revenue—into closer association with a Hospital, if it is understood that this movement will accomplish that.

The Willard Asylum for the Insane.

This institution, located at Ovid, in the State of New York is now nearly ready for occupancy. The Trustees have chosen Dr. JOHN B. CHAPIN, late of Brigham Hall, a private institution at Canandaigua, as the superintendent. Dr. CHAPIN's qualifications for the position are first class, and the appointment is an excellent one.

The institution is located on a bluff overlooking the Seneca Lake, and during the summer months

the scenery is delightful. In 1865 the Legislature of New York authorized the building of an asylum for the chronic insane poor—a class of persons that are now, and who have been for years confined in the several County houses of the State. The name given to the institution was that of the "Willard Asylum," in compliment to the late Dr. SYLVESTER D. WILLARD, of Albany, through whose instrumentality mainly it was finally established.

Another Medical College in Philadelphia.

It is whispered in medical circles that a number of medical men have it in contemplation to start another regular medical college in this city. The names of several of the proposed professors have been mentioned to us, and undoubtedly they would give a high character to the institution.

There is, there always is, plenty of room for another college here:—but only for one kind of a college. That is, for one combined with extensive hospital advantages, one which will not pander to the prevailing low standard of education, one which will be under the thumb of no clique, one in which no "hereditary rights" will be known, one in other words, different in some respects from any now here.

Clergymen and Cancer Curers.

We quote the following from the *New York Observer*.

A clergyman who has been cured of a cancer sends us the name of the surgeon to whose skill he is indebted for his relief, and he desires us to make it known to the world. We have done so in another similar case, and the result was such an amount of trouble, annoyance, responsibility and complaint, that we do not feel disposed to venture upon the generous experiment again. We rejoice with our correspondent in his deliverance, and hope that the cure will be as permanent as it is now agreeable.

The *Observer* seems to have learned by experience, something of the futility of relying on the promises of this class of empirics. Its language is quite significant.

Marriage and Leprosy.

A leprous husband prayed before the Bombay High Court for the restitution of conjugal rights, which, it seems, his wife had withheld, on the ground that he might infect her. Legal formalities apart, the wife's objection to a great extent was medically invalid, so far as she herself was concerned. As regards her offspring, however, the case is different. A leper seldom infects a partner in the exercise of conjugal rights; this

is an ascertained fact. Their progeny are very liable to suffer, though this is not necessarily the case. The decision in favor of the plaintiff is of peculiar interest in Bengal, where every hundredth man or woman is a leper, and where the disease is steadily on the increase.—*Lancet*.

Correspondence.

DOMESTIC.

Singular Case of Calculus.

EDITORS MED. AND SURG. REPORTER:

I was called to see Mrs. C. B. S., the latter part of October, 1868. Her age is about 60, of medium size, well built and to all appearance in perfect health. She complained of a painful tumor on the middle of the abdomen just above the pubes. She had first noticed it a short time before; had been house-cleaning, and one day exerted herself more than usual, and worked a great deal with her arms overhead; the following morning she had severe pain, and also observed the swelling. (She had been very healthy all her life, except a few years ago she was very subject to cramp of the stomach, during which attacks a great deal of bilious vomiting took place, but when over those attacks she was in apparent good health again. During the past two years she has not had an attack, except last February, when she had a slight one, but yielded readily to appropriate remedies.)

On making an examination, I found the swelling to extend from the pubes up toward the umbilicus, about four inches, and about three inches in width, of an oval shape; it felt as if it was just underneath the skin and fatty tissues, and had a kind of doughy feel. The lower half felt thicker than the upper, and it was about an inch or little more in thickness, tapering off toward the edges, and appeared to be of uniform consistency. It was very painful on pressure being made. She informed me that at times the pains were of a lancinating character, and at others dull and gnawing, and so severe at times that she could scarcely endure it. I told them I could not exactly state the nature of the tumor, but that it felt like a fatty tumor, and on expressing my opinion that it was not anything of a malignant character, she was satisfied for the time being. I gave her a liniment composed of *tr. sapon camph.*, *tincturæ iodinæ* and *aqueæ ammon.* She used this for a number of weeks, and soon the pain subsided a great deal, and the swelling appeared to grow less.

About two months after my first seeing her (perhaps nearly three) she informed me that she could not use any liniment, as the parts were very sensitive. The swelling had again increased in size and become nodulated, and a portion on the middle of the right edge had become puffed out, and softer than the other parts. I directed her to poultice the parts, that probably it would open and then heal. She did so, and soon after an opening was effected, and at first there was a discharge of purulent matter, which afterwards changed more into a sanious character, and with it also were discharged several of the *calculi*, of which you have specimens. At first a few were discharged daily. In the course of a few weeks, however, discharges took place about every *four or five* days, and generally about *four to six* at a time, and *almost invariably* the largest one first, and then followed by others of smaller size, the last one being the smallest. Altogether not less than fifty of those calculi were discharged in the course of a few months. All had the same shape and appearance, and those broken the same appearance within. Among the specimens sent you was the *largest* one discharged (one of the last batch) and also some of the smallest ones, about two-thirds of the whole number were of the small size.

During the interval of the passing of these calculi, there was a discharge of an offensive matter, a mixture of purulent and sanious matter, and of an acrid character. As soon as the tumor opened, and the calculi were discharged, the pain almost entirely ceased.

I was enabled to make a thorough examination of the parts during the time, (several months ago,) and then found the abdomen to have assumed almost its normal size and shape. I found *two* openings, the largest, and through which the calculi were discharged, was about two and a half inches from the median line of the abdomen, on the right side, and about three inches above the pubic bone; it was not over a *quarter of an inch* in diameter, and "surrounded by a soft, spongy florid vein;" the other was about an inch below this, much smaller, and through which a sanious discharge took place. To the touch the whole abdomen was of a uniform consistence, (this was a few hours after five calculi had been discharged.) I could pass a probe about two and a half inches from right to left, in the upper opening, and also about two inches downward, but not upward, nor further toward the right side. As I was able to pass the probe so far, by entering the upper opening in the

direction in which the greatest swelling existed, I did not pass it far in the lower one, especially as it was so much smaller, and caused the patient some pain.

As some of the calculi were so very large in comparison to the opening, it took some time, generally, before it effected sufficient dilatation to pass out, and often she was compelled to assist nature and press them out; the small ones then easily followed.

About two months have now elapsed since the last ones were discharged. The openings have not yet healed, as there is still some discharge, but not so offensive in smell nor acrid in character as formerly.

What ought I to use to effect a perfect cure?

Her health during all this time has been good; her appetite not impaired; digestive functions were performed normally; bowels regular; no urinary difficulty. If anything she looks better now than she was last fall and winter.

A. M. SIGMUND, M. D.

Shinersville, Pa., May 7, 1869.

[We have had the calculi examined by a competent chemist, who pronounces them chiefly of cholesterine, tinged by biliverdin.—Eds.]

The Arrest of Hemorrhage by Torsion and Transfixion.

The following letter to a leading surgeon of this city has been kindly placed at our disposal. It contains surgical suggestions quite ingenious and worthy of trial.

Dear Sir.—Permit me to call your attention to a means of arresting arterial hemorrhage by *torsion* and *transfixion*, as suggested in an article I contributed to the *New Orleans Journal of Medicine*, (April No., 1869.) It is done in the following manner:

Let the artery be taken hold of with a torsion forceps, and twisted on its axis until reduced to a cord shape, and then transfixed with a needle. The transfixing needle may be introduced from the cataneous surface, or a short needle, threaded with a small wire, may be introduced within a short distance from the bleeding artery, into the cut surface of the wound; in either case the point of the needle should be brought out at the artery, it being twisted; the needle is made to transfix it, and is then pushed forward into the fleshy parts beyond, sufficiently far to secure it permanently in this twisted condition.

Now what are the obvious advantages of this method of stanching a bleeding artery in a surgical manner? In the first place, we are enabled to secure the bleeding vessel against hemorrhage

as effectually as it can be done with a ligature. A large artery can be twisted until its walls are made to collapse two-thirds of an inch or more above the cut surface. If this twist is maintained by the needle, it is not likely that hemorrhage can take place. In the next place we are able to withdraw the needles, the short one, if used, by the wire attached to it, in the shortest time it may be thought safe to do so without danger of hemorrhage. The wound, being freed from the irritation of stanching instruments, is placed in the most favorable condition to heal by the first intention.

I am disposed to think that an artery secured in this way would not be so likely to endanger the life of the patient from secondary hemorrhage; the very condition of its being twisted for some distance above the cut surface would almost preclude the possibility of such an accident.

The ability to remove at will the stanching instruments before suppurative action usually takes place, will greatly lessen the danger of purulent infection; the patient being in a favorable condition, the probability is that the wound will heal by the first intention, if managed properly.

If these two accidents, purulent infection and secondary hemorrhage, can be obviated in any degree by the means I have suggested, the surgeon will certainly feel less hesitation than heretofore in using the knife for the benefit of his patient. As the case has been, he frequently had to make a choice between the evils, the existing disease and the accidents liable to follow an operation.

The needle is used merely to prevent the transfix artery from untwisting. The force of the pulsating vessel would be on the twisted portion, and the effect of this force would be to impact the twist the more, and thereby diminish the chance for blood to escape. This can be tested very easily in the dead subject before trusting to it in the live. The reason I have not tested the value of torsion and transfixion in arresting arterial hemorrhage before calling the attention of the profession to it, is owing to my circumstances. I am mostly engaged in the practice of medicine in a village and the surrounding country, where it is only occasionally I have a case of surgery to treat; it might, consequently be a long time before I could test the plan satisfactorily. I therefore thought it best to suggest it to others, who are more favorably situated, to determine its advantages or disadvantages.

K. McKINNON, M. D.

Pleasant Hill, Ala., April 30, 1869.

